UNITED STATES OF AMERICA	FILE NO.		
COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION	03/69-UPL		

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name and that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR PROTECTING AND TRANSMITTING THE SIDE INFORMATION RELATED TO PEAK-TO-AVERAGE POWER RATIO REDUCTION IN A MULTICARRIER SYSTEM, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application or Provisional Application(s)

UNITED STATES APPLICATION

NUMBER

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
TAIWAN, R.O.C.	092101624	24,01,2003	YES NO		
			YES No		

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

STATUS (patented, pending, abandoned)

DATE OF FILING

I hereby appoint <u>Jason Z. Lin, Repower of substitution and revocation to prosecute to receive all correspondence.</u>		o. 37,492 , whose a to transact all business in t					
SEND CORRESPONDENCE TO:	Supreme Pa	atent Services		•			
	Post Office Box 2339 Tel (408) 867-9757						
	Saratoga, C	CA 95070-0339	Fax	(408) 867-	7437		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					able		
FULL NAME OF SOLE OR FIRST INVENTOR		INVENTOR'S SIGNATURE		D	ATE		
Chih-Chun Feng				June	24, 20	03	
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United States of A	FILE NO. 03169-UPL				
COMBINED DECLARATION AND POWER OF ATT	03169-012				
ADDITIONAL INVENTOR(S) SUPPLEMENTAL SHEET					
FULL NAME OF ADDITIONAL JOINT INVENTOR (if any)	INVENTOR'S SIGNATURE		DATE		
Chun-Yu Lin	Chun-Yu Li	n	June 24, 2003		
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Post Office Address	•				
FULL NAME OF ADDITIONAL JOINT INVENTOR (if any)	Inventor's Signature	·	DATE		
RESIDENCE	Country of Citizens		HIP		
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FULL NAME OF ADDITIONAL JOINT INVENTOR (if any)	Inventor's Signature		DATE		
RESIDENCE		COUNTRY OF CITIZENS	HIP ·		
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FULL NAME OF ADDITIONAL JOINT INVENTOR (if any)	Inventor's Signature		DATE		
RESIDENCE		COUNTRY OF CITIZENSHIP			
Post Office Address					
FULL NAME OF ADDITIONAL JOINT INVENTOR (if any)	Inventor's Signature		DATE		
RESIDENCE		COUNTRY OF CITIZENS	HIP		
Post Office Address					
FULL NAME OF ADDITIONAL JOINT INVENTOR (if any)	Inventor's Signature		DATE		
RESIDENCE	<u> </u>	COUNTRY OF CITIZENS	HIP		
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